

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Dental Providers
Managed Care Plans

Memorandum No: 04-35 MAA
Issued: June 24, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For information call:
1-800-562-6188

Subject: Dental Program: Fee Schedule Changes

Effective for dates of service on and after July 1, 2004, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2004 relative value units (RVUs) and
- The Year 2004 additions of Current Procedural Terminology (CPT™) codes

Maximum Allowable Fees

MAA is updating the Dental Program fee schedule with Year 2004 RVUs. The maximum allowable fees for anesthesia services and for the oral surgery CPT codes have been adjusted to reflect this change. The 2004 Washington State Legislature **did not appropriate a vendor rate increase** for the 2005 state fiscal year.

Conversion Factors

MAA has updated the following conversion factors which will apply to the dental program:

Service	July 1, 2004 Conversion Factors
Anesthesia	\$20.24
All Other CPT Codes (for Oral Surgery)	22.67

Attached are updated replacement pages D.45/D.46, E.37/E.38, and F.5 – F.16 for MAA's Dental Program Billing Instructions, dated October 2003. To obtain MAA's numbered memoranda and billing instructions electronically go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

Anesthesia

- MAA covers general anesthesia, conscious sedation, and parenteral or multiple oral agents for medically necessary dental services as follows:
 - ✓ For treatment of clients of the Division of Developmental Disabilities;
 - ✓ For oral surgery procedures;
 - ✓ When justification for administering the general anesthesia instead of a lesser type of sedation is clearly documented in the client's record.
 - ✓ When the anesthesia is administered by:
 - An oral surgeon;
 - An anesthesiologist;
 - A dental anesthesiologist;
 - A Certified Registered Nurse Anesthetist (CRNA), if the performing dentist has a current conscious sedation permit or a current general anesthesia permit from the Department of Health (DOH); or
 - A dentist who has a current conscious sedation permit or a current general anesthesia permit from DOH.
- When the provider meets the prevailing standard of care and at least the requirements in WAC 246-817-760, Conscious sedations with parenteral or multiple oral agents, and WAC 246-817-770, General anesthesia.
- When general anesthesia (including deep sedation) is administered by:
 - ✓ The attending dentist, MAA reimburses at the rate of 50% of the maximum allowable rate.
 - ✓ A provider other than the attending dentist, MAA reimburses at the maximum allowable rate.
- When billing for general anesthesia, show the beginning and ending times on the claim form. State the total number of minutes on the claim. Anesthesia time begins when the anesthesiologist or CRNA starts to physically prepare the patient for the induction of anesthesia in the operating room area (or its equivalent) and ends when the anesthesiologist or CRNA is no longer in constant attendance (i.e., when the patient can be safely placed under post-operative supervision).
- The name of the provider who administered the anesthesia must be in the *Remarks* field (field 35) of the claim form, if that provider is different from the billing provider.

Dental Program - Children

Procedure Code	Description/Limitations	Prior Auth?	Maximum Allowable	
			0-18 yrs	19 –20 yrs
<ul style="list-style-type: none"> MAA calculates payment according to the formula below for general anesthesia (to include deep sedation) administered by a dentist: 				
<p style="text-align: center;">\$101.20 + [TIME UNITS X \$20.24] = MAXIMUM ALLOWABLE FEE</p> <p style="text-align: center;">Note: Every 15 minute increment or fraction equals 1 time unit.</p>				
<ul style="list-style-type: none"> Bill for pharmaceuticals using the appropriate code(s) below. If you are billing electronically, attach an itemized list of pharmaceuticals to the claim form. Send this information to MAA as backup documentation for electronically billed claims for any charges exceeding \$45.00 (see <i>Important Contacts</i>). 				
D9220	<p>Deep sedation/general anesthesia When justification for administering the general anesthesia instead of a lesser type of sedation is clearly documented in the client's record.</p> <p>MAA's reimbursement for D9220 includes the total time – not just the first 30 minutes as specified in the CDT book. See previous page for further information.</p> <p>(A General Anesthesia permit is required to be on file with MAA from the provider/performing provider.)</p>	No	By Report	By Report
D9230	<p>Analgesia, anxiolysis, inhalation of nitrous oxide MAA does not cover analgesia or anxiolysis under the Dental Program. Use this code when billing for inhalation of nitrous oxide.</p>	No	\$6.18	\$ 6.18 DDD clients only
D9241	<p>Intravenous conscious sedation/analgesia Conscious sedation with parenteral agents.</p> <p>(A Conscious Sedation permit is required to be on file with MAA from the provider/performing provider.)</p>	No	\$50.00	50.00

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Anesthesia

- MAA covers the following anesthesia services as follows:

General Anesthesia

- For treatment of adult clients of the Division of Developmental Disabilities;
- When medically necessary for those oral surgery CPT procedure codes listed on pages F.5-F.15;

Conscious Sedation

- For treatment of adult clients of the Division of Developmental Disabilities;
- When medically necessary for those oral surgery CPT procedure codes listed on pages F.5-F.15 and those surgical extraction CDT codes listed on page E.35;

- MAA covers the above anesthesia services when the anesthesia is administered by:
 - An oral surgeon;
 - An anesthesiologist;
 - A dental anesthesiologist;
 - A Certified Registered Nurse Anesthetist (CRNA), if the performing dentist has a current conscious sedation permit or a current general anesthesia permit from the Department of Health (DOH); or
 - A dentist who has a current conscious sedation permit or a current general anesthesia permit from DOH.
- When the provider meets the prevailing standard of care and at least the requirements in WAC 246-817-760, Conscious sedations with parenteral or multiple oral agents, and WAC 246-817-770, General anesthesia.
- When billing for general anesthesia, show the beginning and ending times on the claim form. State the total number of minutes on the claim. Anesthesia time begins when the anesthesiologist or CRNA starts to physically prepare the patient for the induction of anesthesia in the operating room area (or its equivalent) and ends when the anesthesiologist or CRNA is no longer in constant attendance (i.e., when the patient can be safely placed under post-operative supervision)
- When general anesthesia (including deep sedation) is administered by:
 - ✓ The attending dentist, MAA reimburses at the rate of 50% of the maximum allowable rate.
 - ✓ A provider other than the attending dentist, MAA reimburses at the maximum allowable rate.
- The name of the provider who administered the anesthesia must be in the *Remarks* field (field 35) of the claim form, if that provider is different from the billing provider.
- MAA calculates payment according to the formula below for general anesthesia (to include deep sedation) administered by a dentist:

$\$101.20 + [\text{TIME UNITS} \times \$20.24] = \text{MAXIMUM ALLOWABLE FEE}$

Note: Every 15 minute increment or fraction equals one time unit.

Dental Program

Procedure Code	Description/Limitations	Prior Auth?	Maximum Allowable 21 yrs & up
<ul style="list-style-type: none"> Bill for pharmaceuticals using the appropriate code(s) below. If you are billing electronically, attach an itemized list of pharmaceuticals to the claim form. Send this information to MAA as backup documentation for electronically billed claims for any charges exceeding \$45.00 (see <i>Important Contacts</i>). Documentation of medical necessity must be kept in the client's file. 			
D9220	<p>Deep sedation/general anesthesia</p> <p>MAA's reimbursement for D9220 includes the total time – not just the first 30 minutes as specified in the CDT book. See previous page for further information.</p> <p>(A General Anesthesia permit is required to be on file with MAA from the provider/performing provider.)</p>	No	By Report
D9230	<p>Analgesia, anxiolysis, inhalation of nitrous oxide</p> <p>MAA does not cover analgesia or anxiolysis under the Dental Program. Use this code when billing for inhalation of nitrous oxide.</p>	No	\$6.18 DDD clients only
D9241	<p>Intravenous conscious sedation/analgesia</p> <p>Conscious sedation with parenteral agents.</p> <p>(A Conscious Sedation permit is required to be on file with MAA from the provider/performing provider.)</p>	No	50.00
D9248	<p>Non-intravenous conscious sedation</p> <p>Conscious sedation with multiple oral agents.</p> <p>(A Conscious Sedation permit is required to be on file with MAA from the provider/performing provider.)</p>	No	50.00

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CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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Oral Surgery – Oral Surgeons Integumentary System

Excision – Debridement

NFS**FS**

11044	Debride tissue/muscle/bone [MAA's reimbursement is limited to cysts 5 mm or greater.] NOT COVERED FOR ADULTS 21 years of age and older.	10	No	\$180.00	\$163.45
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Biopsy

11100	Biopsy of skin lesion.	Zero	No	48.29	27.88
11101	Biopsy skin add-on	Zero	No	17.46	14.06

Excision – Benign Lesions

11440	Removal of skin lesion; 0.5 cm or less	10	No	78.21	56.45
11441	0.6 to 1.0 cm	10	No	90.91	70.50
11442	1.1 to 2.0 cm	10	No	101.56	78.44
11443	2.1 to 3.0 cm	10	No	124.00	97.93
11444	3.1 to 4.0 cm	10	No	158.01	126.95
11446	over 4.0 cm	10	No	202.44	172.07

Excision – Malignant Lesions

11640	Removal of skin lesion; 0.5 cm or less	10	No	94.53	58.49
11641	0.6 to 1.0 cm	10	No	122.42	87.73
11642	1.1 to 2.0 cm	10	No	141.69	102.47
11643	2.1 to 3.0 cm	10	No	163.90	120.60
11644	3.1 to 4.0 cm	10	No	207.20	155.29
11646	over 4.0 cm	10	No	278.16	224.89

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CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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Repair – Simple**NFS FS**

12001	Repair superficial wound(s); 2.5 cm or less	10	No	\$87.28	\$52.82
12002	2.6 cm to 7.5 cm	10	No	92.72	66.88
12004	7.6 cm to 12.5 cm	10	No	108.82	78.66
12005	12.6 cm to 20.0 cm	10	No	135.34	98.16
12011	2.5 cm or less	10	No	92.49	54.63
12013	2.6 cm to 5.0 cm	10	No	101.56	70.96
12014	5.1 cm to 7.5 cm	10	No	119.70	84.76
12015	7.6 cm to 12.5 cm	10	No	150.76	107.00
12016	12.6 cm to 20.0 cm	10	No	178.64	131.94

Repair – Intermediate

12031	Layer closure of wound(s); 2.5 cm or less	10	No	104.96	70.73
12032	2.6 cm to 7.5 cm	10	No	148.26	101.56
12034	7.6 cm to 12.5 cm	10	No	143.50	103.15
12035	12.6 cm to 20.0 cm	10	No	204.71	134.21
12051	2.5 cm or less	10	No	133.53	90.68
12052	2.6 cm to 5.0 cm	10	No	139.42	97.48
12053	5.1 cm to 7.5 cm	10	No	148.92	109.72
12054	7.6 cm to 12.5 cm	10	No	165.04	120.60
12055	12.6 cm to 20.0 cm	10	No	212.19	157.10

Repair – Complex

13131	Repair of wound or lesion; 1.1 cm to 2.5 cm	10	No	180.23	140.33
13132	2.6 cm to 7.5 cm	10	No	249.37	214.68
13133	Repair wound/lesion add on	90	No	80.93	77.08
13150	Repair of wound or lesion; 1.0 cm or less	10	No	218.77	152.57
13151	1.1 cm to 2.5 cm	10	No	230.78	176.60
13152	2.6 cm to 7.5 cm	10	No	291.31	242.12
13153	Repair wound/lesion add on	Zero	No	88.87	84.11
13160	Late closure of wound	90	No	427.56	427.56

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CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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NFS FS

Adjacent Tissue Transfer or Rearrangement

14040	Skin tissue rearrangement	90	No	\$379.72	\$347.76
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Free Skin Grafts

15120	Skin split graft	90	No	489.90	420.98
15576	Form skin pedicle flap	90	No	428.24	360.23

CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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Musculoskeletal System

General

Excision				NFS	FS
20220	Bone biopsy, trocar/needle	Zero	No	\$138.51	\$91.81
Introduction or Removal					
20520	Removal of foreign body	10	No	97.48	87.28
20605	Drain/inject, joint/bursa	Zero	No	34.01	25.16
20670	Removal of support implant NOT COVERED FOR ADULTS 21 years of age and older.	10	No	197.91	134.66
20680	Removal of support implant NOT COVERED FOR ADULTS 21 years of age and older.	90	No	159.60	159.60
20690	Apply bone fixation device	90	No	146.67	146.67
20692	Apply bone fixation device	90	No	243.93	243.93

Grafts

20902	Removal of bone for graft	90	Yes	351.84	351.84
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Head

Incision

21010	Incision of jaw joint	90	No	407.83	407.83
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Excision

21025	Excision of bone, lower jaw	90	No	479.24	433.45
21030	Removal of face bone lesion	90	No	271.81	213.78
21031	Removal of exostosis, mandible Not covered for adults 21 and older.	90	No	184.76	151.66
21032	Removal of exostosis, maxilla Not covered for adults 21 and older.	90	No	185.67	154.16
21034	Removal of face bone lesion	90	Yes	707.76	656.30
21040	Removal of jaw bone lesion	90	No	163.65	201.08
21044	Removal of jaw bone lesion	90	Yes	486.95	486.95
21045	Extensive jaw surgery	90	Yes	655.16	655.16
21046	Excision benign tumor/cyst, mandible	90	Yes	608.01	608.01
21047	Excision benign tumor/cyst; mandible	90	Yes	766.93	766.93
21050	Removal of jaw joint	90	No	497.83	497.83
21060	Remove jaw joint cartilage	90	Yes	481.96	481.96
21070	Remove coronoid process	90	No	361.81	361.81

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Fee Schedule
Musculoskeletal System

CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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Introduction or Removal**NFS****FS**

21076	Prepare face/oral prosthesis	10	No	\$625.47	\$567.43
21077	Prepare face/oral prosthesis	90	No	1578.97	1441.36
21081	Prepare face/oral prosthesis	90	No	1086.12	968.01
21100	Maxillofacial fixation	90	No	228.51	205.62
21110	Interdental fixation	90	No	285.19	254.13
21120	Reconstruction of chin	90	No	320.55	239.62
21122	Reconstruction of chin	90	Yes	368.61	368.61

Repair, Revision or Reconstruction

21141	Reconstruct midface, lefort	90	Yes	764.43	764.43
21142	Reconstruct midface, lefort	90	Yes	751.96	751.96
21143	Reconstruct midface, lefort	90	Yes	786.88	786.88
21145	Reconstruct midface, lefort	90	Yes	822.47	822.47
21146	Reconstruct midface, lefort	90	Yes	873.93	873.93
21147	Reconstruct midface, lefort	90	Yes	877.56	877.56
21150	Reconstruct midface, lefort	90	Yes	919.95	919.95
21151	Reconstruct midface, lefort	90	Yes	1096.09	1096.09
21154	Reconstruct midface, lefort	90	Yes	1261.36	1261.36
21155	Reconstruct midface, lefort	90	Yes	1412.79	1412.79
21159	Reconstruct midface, lefort	90	Yes	1670.10	1670.10
21160	Reconstruct midface, lefort	90	Yes	1709.07	1709.07
21193	Reconstruc lwr jaw w/o graft	90	Yes	719.77	719.77
21194	Reconstruc lwr jaw w/o graft	90	Yes	802.74	802.74
21195	Reconst lwr jaw w/o fixation	90	Yes	721.13	721.13
21196	Reconst lwr jaw w/fixation	90	Yes	782.57	782.57
21198	Reconst lwr jaw segment	90	Yes	594.18	594.18
21206	Reconstuct upper jaw bone	90	Yes	589.87	589.87
21208	Augmentation of facial bones	90	No	584.21	464.74
21209	Reduction of facial bone	90	Yes	437.98	331.21
21210	Face bone graft	90	No	564.94	467.00
21215	Lower jaw bone graft	90	No	575.82	487.18
21230	Rib cartilage graft	90	No	461.79	461.79
21240	Reconstruction of jaw joint	90	Yes	634.99	634.99
21242	Reconstruction of jaw joint	90	Yes	604.38	604.38
21243	Reconstruction of jaw joint	90	Yes	921.76	921.76
21248	Reconstruction of jaw	90	No	581.03	495.79
21249	Reconstruction of jaw	90	No	807.96	717.96

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Fee Schedule
Musculoskeletal System

CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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Fracture and/or Dislocation				NFS	FS
21300	Treatment of skull fracture	Zero	No	\$73.00	\$24.26
21310	Treatment of nose fracture	Zero	No	68.01	17.68
21315	Treatment of nose fracture	10	No	106.32	65.97
21320	Treatment of nose fracture	10	No	142.59	87.51
21325	Treatment of nose fracture	90	No	178.19	178.19
21330	Treatment of nose fracture	90	No	253.45	253.45
21335	Treatment of nose fracture	90	No	365.44	365.44
21336	Treat nasal septal fracture	90	No	278.61	278.61
21337	Treat nasal septal fracture	90	No	183.40	150.76
21338	Treat nasoethmoid fracture	90	No	295.39	295.39
21339	Treat nasoethmoid fracture	90	Yes	355.01	355.01
21340	Treatment of nose fracture	90	No	462.24	462.24
21343	Treatment of sinus fracture	90	Yes	549.52	549.52
21344	Treatment of sinus fracture	90	Yes	799.12	799.12
21345	Treat nose/jaw fracture	90	No	462.69	379.27
21346	Treat nose/jaw fracture	90	No	561.31	466.32
21347	Treat nose/jaw fracture	90	Yes	536.60	536.60
21348	Treat nose/jaw fracture	90	Yes	670.58	670.58
21355	Treat cheek bone fracture	10	No	199.50	145.99
21356	Treat cheek bone fracture	10	No	369.29	175.69
21360	Treat cheek bone fracture	90	Yes	476.30	299.92
21365	Treat cheek bone fracture	90	Yes	637.48	637.48
21366	Treat cheek bone fracture	90	Yes	700.73	700.73
21385	Treat eye socket fracture	90	Yes	383.80	383.80
21386	Treat eye socket fracture	90	Yes	396.04	396.04
21387	Treat eye socket fracture	90	Yes	410.10	410.10
21390	Treat eye socket fracture	90	Yes	428.46	428.46
21395	Treat eye socket fracture	90	Yes	525.04	525.04
21400	Treat eye socket fracture	90	No	119.70	82.52
21401	Treat eye socket fracture	90	Yes	197.23	170.25
21406	Treat eye socket fracture	90	Yes	317.38	317.38
21407	Treat eye socket fracture	90	Yes	373.83	373.83
21408	Treat eye socket fracture	90	Yes	519.14	519.14
21421	Treat mouth roof fracture	90	No	353.20	267.05
21422	Treat mouth roof fracture	90	Yes	462.47	366.57
21423	Treat mouth roof fracture	90	Yes	451.36	451.36
21431	Treat craniofacial fracture	90	Yes	416.90	329.40

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CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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Fracture and/or Dislocation**NFS****FS**

21432	Treat craniofacial fracture	90	Yes	\$349.34	\$349.34
21433	Treat craniofacial fracture	90	Yes	1,014.71	1,014.71
21435	Treat craniofacial fracture	90	Yes	724.53	724.53
21436	Treat craniofacial fracture	90	Yes	1,109.24	1,109.24
21440	Treat dental ridge fracture	90	No	250.73	160.50
21445	Treat dental ridge fracture	90	Yes	373.60	277.93
21450	Treat lower jaw fracture	90	No	316.70	158.69
21451	Treat lower jaw fracture	90	No	319.87	250.96
21452	Treat lower jaw fracture	90	No	228.06	129.67
21453	Treat lower jaw fracture	90	No	377.00	292.90
21454	Treat lower jaw fracture	90	No	308.31	308.31
21461	Treat lower jaw fracture	90	Yes	486.50	389.70
21462	Treat lower jaw fracture	90	Yes	561.99	446.37
21465	Treat lower jaw fracture	90	Yes	518.92	518.92
21470	Treat lower jaw fracture	90	Yes	658.34	658.34
21480	Reset dislocated jaw	Zero	No	59.62	19.27
21485	Reset dislocated jaw	90	No	233.27	207.20
21490	Repair dislocated jaw	90	Yes	524.58	524.58
21493	Treat hyoid bone fracture	90	No	96.12	96.12
21494	Treat hyoid bone fracture	90	Yes	282.69	282.69
21495	Treat hyoid bone fracture	90	Yes	275.21	275.21
21497	Interdental wiring	90	No	244.16	209.02

Neck (Soft Tissues) and Thorax**Excision**

21550	Biopsy of neck/chest	10	No	133.07	89.55
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Endoscopy/Arthroscopy

29800	Jaw arthroscopy/surgery	90	No	327.35	327.35
29804	Jaw arthroscopy/surgery	90	Yes	391.96	391.95

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Fee Schedule
Musculoskeletal System

CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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Respiratory System

Nose – Repair

NFS**FS**

30580	Repair upper jaw fistula	90	No	\$326.90	\$302.87
30600	Repair mouth/nose fistula (This procedure must not be performed for a minimum of 7 days after surgery to allow for healing.)	90	No	296.75	278.39

Accessory Sinuses – Incision

31000	Irrigation, maxillary sinus	10	No	94.53	60.30
31030	Exploration, maxillary sinus	90	No	272.72	253.68

Trachea – Incision

31600	Incision of windpipe	Zero	No	243.70	243.70
31603	Incision of windpipe	Zero	No	141.01	141.01

Lips - Repair (Cheiloplasty)

40720	Repair cleft lip/nasal	90	No	576.72	576.72
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CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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Digestive System

Vestibule of Mouth

NFS**FS**

Incision

40800	Drainage of mouth lesion	10	No	\$79.12	\$54.63
40801	Drainage of mouth lesion	10	No	134.21	107.91
40804	Removal, foreign body, mouth	10	No	88.64	55.77
40805	Removal, foreign body, mouth	10	No	142.59	110.40
40806	Incision of lip fold	Zero	No	38.77	29.24

Excision, Destruction

40808	Biopsy of mouth lesion	10	No	75.72	48.06
40810	Excision of mouth lesion	10	No	86.37	59.40
40812	Excise/repair mouth lesion	10	No	130.58	97.03
40814	Excise/repair mouth lesion	90	No	191.79	158.46
40816	Excision of mouth lesion	90	No	201.76	166.85
40819	Excise lip or cheek fold NOT COVERED FOR ADULTS 21 years of age and older.	90	No	158.92	125.59

Repair

40830	Repair mouth laceration	10	No	113.35	100.65
40831	Repair mouth laceration	10	No	143.27	131.03

Tongue, Floor of Mouth

Incision

41000	Drainage of mouth lesion	10	No	88.19	63.70
41005	Drainage of mouth lesion	10	No	91.81	67.78
41006	Drainage of mouth lesion	90	No	179.55	158.01
41007	Drainage of mouth lesion	90	No	170.71	151.21
41008	Drainage of mouth lesion	90	No	185.44	161.64
41009	Drainage of mouth lesion	90	No	198.14	175.01
41010	Incision of tongue fold	10	No	104.74	104.74
41015	Drainage of mouth lesion	90	No	218.99	189.07
41016	Drainage of mouth lesion	90	No	223.30	191.79
41017	Drainage of mouth lesion	90	No	222.17	194.28
41018	Drainage of mouth lesion	90	No	256.17	220.58

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Fee Schedule
Digestive System

CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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Excision**NFS****FS**

41100	Biopsy of tongue	10	No	\$98.16	\$72.09
41105	Biopsy of tongue	10	No	90.91	64.38
41108	Biopsy of floor of mouth	10	No	76.17	51.23
41110	Excision of tongue lesion	10	No	94.53	67.10
41112	Excision of tongue lesion	90	No	163.68	128.54
41113	Excision of tongue lesion	90	No	182.95	145.77
41114	Excision of tongue lesion	90	No	406.70	350.70

Other Procedures

41520	Reconstruction, tongue fold NOT COVERED FOR ADULTS 21 years of age and older.	90	No	159.37	140.10
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Dentalalveolar Structures**Incision**

41805	Removal foreign body, gum	10	No	92.72	83.65
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Excision

41822	Excision of gum lesion	10	No	151.44	88.19
41823	Excision of gum lesion	90	No	214.68	175.24
41825	Excision of gum lesion	10	No	106.78	85.69
41826	Excision of gum lesion	10	No	144.63	122.64
41827	Excision of gum lesion	90	No	211.51	170.93
41828	Excision of gum lesion	10	No	175.47	151.89
41830	Removal of gum tissue (per quad) NOT COVERED FOR ADULTS 21 years of age and older.	10	No	193.60	162.77

Other Procedures

41874	Repair tooth socket NOT COVERED FOR ADULTS 21 years of age and older.	90	No	182.49	150.76
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CPT™ Procedure Code	Description	Follow-up Days	Assistant Surgeon Allowed?	Maximum Allowable (All Ages)
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Palate, Uvula**NFS****FS****Excision**

42100	Biopsy roof of mouth	10	No	\$83.88	\$63.02
42104	Excision lesion, mouth roof	10	No	103.15	75.26
42106	Excision lesion, mouth roof	10	No	136.47	115.62

Repair

42180	Repair palate	10	No	138.51	109.50
42182	Repair palate	10	No	189.75	163.00
42200	Reconstruct cleft palate	90	Yes	499.87	499.87
42205	Reconstruct cleft palate	90	Yes	533.65	533.65
42210	Reconstruct cleft palate	90	Yes	597.35	597.35
42215	Reconstruct cleft palate	90	Yes	394.23	394.23
42220	Reconstruct cleft palate	90	Yes	297.43	297.43
42225	Reconstruct cleft palate	90	Yes	408.51	408.51
42226	Lengthening of palate	90	Yes	423.48	423.48
42227	Lengthening of palate	90	Yes	399.45	399.45
42235	Repair palate	90	Yes	311.94	311.94
42260	Repair nose to lip fistula	90	Yes	452.72	411.69
42280	Preparation, palate mold	10	No	83.43	57.81
42281	Insertion, palate prosthesis	10	No	113.80	90.00

Salivary Gland and Ducts**Incision**

42330	Removal of salivary stone	10	No	129.22	96.35
42335	Removal of salivary stone	90	No	169.57	157.33

Excision

42408	Excision of salivary cyst	90	No	226.02	203.35
42440	Excise submaxillary gland	90	Yes	285.42	285.42
42450	Excise sublingual gland	90	No	241.89	209.47

Repair

42500	Repair salivary duct	90	No	229.19	199.72
42505	Repair salivary duct	90	No	307.89	272.72

Other Procedures

42600	Closure of salivary fistula	90	No	250.28	220.35
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Nervous System

64600	Injection treatment of nerve	10	No	277.93	120.38
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(Revised July 2004)

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Memo 04-35 MAA

**Fee Schedule
Digestive System**

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